

IDAHO DEPARTMENT OF WATER RESOURCES AGRICULTURAL IRRIGATION APPLICATION FORM ENERGY CONSERVATION RESOURCES PROJECTS

Applicant: _____

Address: _____

City: _____ Zip: _____

Phone: _____ Evening: _____

Contact Person: _____

Estimated Total Cost: _____ Amount of Loan Requested: _____

Estimated Startup Date: _____ Estimated Completion Date: _____

Estimated Annual Energy Savings: \$ _____

PROJECTS MUST COMPLY WITH APPLICABLE FEDERAL, STATE AND LOCAL WATER ALLOCATION, ENVIRONMENTAL PROTECTION, BUILDING, ELECTRICAL, AND PLUMBING LAWS, REGULATIONS OR CODES.

I hereby certify that the information submitted in this application is correct to the best of my knowledge.

Please Print

Name _____

Signature: _____

Date: _____

Return to: Idaho Department of Water Resources Energy Division
Attention: Renee Arellanes
1301 N. Orchard St.
Boise, ID 83706

THE PROPOSED SYSTEM

Please answer the following in a sketch or in the tables below or attach a separate sheet. The information should include the elevation difference, pump placement, mainline sizes and materials, lateral sizes and types, water sources and irrigated acreage and boundaries. Also include the nozzle sizes and types.

Mainline		
Length	Diameter	Material

Center Pivots		
Length	Acres	End Gun
		Y/N
		Y/N
		Y/N

Wheel Line		Hand Line				
Length		Number of nozzles		Nozzle size		
Nozzle type:	Flow control		Brass		Other	
New Pump						
Make	Model Number		HP	GPM	EFFICIENCY	TRIM

SKETCH

THE PROPOSED SYSTEM

Please supply the following information on the system that is going to be installed.

Please answer the following questions:

TOTAL DYNAMIC HEAD		
psi x 2.31		
Pressure psi	Head ft	
		Pressure at the critical nozzle: The pressure of the sprinkler nozzle at the highest point in the field* .
		Regulator friction losses
		Lateral friction: Friction loss in the sprinkler system itself
		Main line friction loss
		System height: How far off the ground is the sprinkler system
		Elevation increases or loss from the pump to highest sprinkler on the system
		Pumping lift: The distance from the surface of the water to the pump
		Column friction: The loss in the column shaft in vertical line pump or the friction loss in suction pipe

		Other losses:
		Total

ADDITIONAL TECHNICAL INFORMATION

The system designer name, company and telephone number.

Name	Company	Telephone
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The following information will need to be attached to complete the application.

- An ASCS aerial photo locating the system with township, range and section. This may be obtained from your local ASCS office.
- Dealer's bids for all costs involved with the project. The bids should include a detailed breakdown of labor and material costs.
- Copies of the pump curves for the new and old pumps.

NEW SPRINKLER GUIDELINES

The guidelines for new sprinkler irrigation projects are included in the proceeding information. The following calculations are some of the criteria:

*Critical nozzle pressure must be 25 psi for center pivots and 40 psi for wheel line or hand lines.

Maximum Flow Rate gpm
=

Total acres irrigated

This must be 8 gpm/acre to meet the guidelines.

Will the pumps be shaded? Yes _____ No _____

ENERGY SAVED

The existing sprinkler system that is being retrofitted must meet a 10 year payback. Retrofit systems are changes from one sprinkler system to another, pulling the pump from the well and redoing the bowls or any other efficiency improvements on the system. New systems are gravity to sprinkler and must meet the attached Loan Program Guidelines for New Irrigation Systems.

Annual Energy Saved _____ kWh or BTU

TEN YEAR PAYBACK

Total Cost of the Project

Annual Dollars Saved

IDWR will help calculate the payback. The following information will be needed:

Has the system been evaluated for energy efficiency by the IDWR, a utility or other identity?
Yes _____ No _____ If so, please submit the report.

- For existing systems, please supply copies of the most recent full year of power or fuel bills. Two years or more are required if crop rotation or CRP status will affect the energy usage.

Existing pump					
Make	Model Number	HP	GPM	EFFICIENCY	TRIM

Please list a typical cropping rotation for the next three years (number of acres of each crop).

Crop	Acres Year 1	Acres Year 2	Acres Year 3

Sketch or describe the old system. Use the space below or attach a separate sheet.

REQUIRED FINANCIAL INFORMATION

1. **CURRENT (WITHIN 6 MONTHS) SIGNED BALANCE SHEETS** for the corporation and officers, members, managers, the partnership, and partners, and individuals.
2. **2 YEARS INCOME TAX RETURNS COMPLETE WITH ALL SCHEDULES**, for all entities applying for the loan including corporate, partnership, and individual income tax returns. All owners of the corporation are required to submit complete tax returns and are required to personally guarantee repayment of the corporate loan. All partners of the partnership are required to submit complete tax returns and are required to sign the loan documents.
3. **A PROFIT AND LOSS STATEMENT** for the current year, or a copy of the **BUDGET** used for your operating line of credit if you have not filed this year's income tax return.

APPLICANT TYPE

- SOLE PROPRIETOR ☐ COMPLETE SECTION A & D
- PARTNERSHIP ☐ COMPLETE SECTION B & D
- CORPORATION ☐ COMPLETE SECTION C & D

SECTION A: SOLE PROPRIETORSHIP

Last Applicants Legal Name	First	Middle	Social Security #
Last Co-Applicants Legal Name	First	Middle	Social Security #
Mailing Address			
City	State	Zip	

SECTION B: PARTNERSHIP

- PARTNERSHIP TYPE: ☐ GENERAL PARTNERSHIP
- ☐ LIMITED PARTNERSHIP
- ☐ LIMITED LIABILITY PARTNERSHIP (LLP)

TAX IDENTIFICATION NUMBER

PARTNER #1

Last Legal Name	First	Middle	Social Security #
Partner Type (general or limited)		Percent Ownership	
Mailing Address			
City	State	Zip	

PARTNER #2

Last Legal Name	First	Middle	Social Security #
Partner Type (general or limited)		Percent Ownership	
Mailing Address			
City	State	Zip	

PARTNER #3

Last Legal Name	First	Middle	Social Security #
Partner Type (general or limited)		Percent Ownership	
Mailing Address			
City	State	Zip	

PARTNER #4

Last Legal Name	First	Middle	Social Security #
Partner Type (general or limited)			Percent Ownership
Mailing Address			
City	State	Zip	

SECTION C: CORPORATION

CORPORATION TYPE: ☐ CORPORATION
☐ LIMITED LIABILITY COMPANY (LLC), MEMBER MANAGED
☐ LIMITED LIABILITY COMPANY (LLC), MANAGER MANAGED

TAX IDENTIFICATION NUMBER

PRESIDENT OR MEMBER, OR MEMBER-MANAGER

Last Legal Name	First	Middle	Social Security #
Percent Ownership		Officer, Member, Manager	
Mailing Address			
City	State	Zip	

SECRETARY OR MEMBER, OR MEMBER-MANAGER

Last Legal Name	First	Middle	Social Security #
Percent Ownership		Officer, Member, Manager	
Mailing Address			
City	State	Zip	

TREASURER, MEMBER, OR MEMBER MANAGER

Last Legal Name	First	Middle	Social Security #
Partner Type (general or limited)		Percent Ownership	
Mailing Address			
City	State	Zip	

DIRECTOR, MEMBER, OR MEMBER MANAGER

Last Legal Name	First	Middle	Social Security #
Percent Ownership		Officer, Member, Manager	
Mailing Address			
City	State	Zip	

DIRECTOR, MEMBER, OR MEMBER MANAGER

Last Legal Name	First	Middle	Social Security #
Percent Ownership		Officer, Member, Manager	
Mailing Address			
City	State	Zip	



SECTION D:

Legal Name of Land Owner Where Project Will be Located

Are you buying the land on contract? Yes _____ No _____

If yes, **PROVIDE A COPY OF THE CONTRACT COMPLETE WITH ALL SCHEDULES.**

The seller of the property is required to sign a sellers waiver. A sellers waiver will allow a fixture lien to be recorded on the property and allow the Department to recover the collateral. The seller is not liable to repay the loan.

If no, **PROVIDE A COPY OF THE DEED TO THE PROPERTY.**

Do you lease the land where the project will be located? Yes _____ No _____

If yes, the lease must be a minimum term of 5 years. **PROVIDE A COPY OF THE LEASE COMPLETE WITH ALL SCHEDULES.** The landlord of the property is required to sign a landlord waiver. A landlord waiver will allow a fixture lien to be recorded on the property and allow the Department to recover the collateral. The landlord is not liable to repay the loan.

QUESTIONS

Have any applicants ever filed for bankruptcy? Yes ___ No ___

Have any applicants ever been foreclosed on? Yes ___ No ___

Have any applicants ever given a deed in lieu of foreclosure? Yes ___ No ___

Have all applicants filed all required income tax returns? Yes ___ No ___

Are any returns under dispute? Yes ___ No ___

Do any applicants have any judgments outstanding, tax liens, or suits or litigation pending?
Yes ___ No ___

Other names under which you are doing business

acres owned	_____	crop acres	_____
		pasture acres	_____

acres leased	_____	crop acres	_____
		pasture	_____
		Grazing permit AUM's	_____

Crops produced _____

Project Costs (supported by detailed bids)	_____	
Trade-in Allowance	_____	
Utility Rebate or Cost Share	_____	_____ Audit Number
Government Agency Cost Share	_____	_____
Net Cost of Project	_____	
Loan Amount Requested	_____	

Authorization

I (we) certify the information contained in this application is accurate and complete to the best of my (our) knowledge and I (we) authorize the Idaho Department of Water Resources to verify any asset or debt, repayment history, or information described in the application and related documents. I (we) understand the information I (we) provide will be used to determine my (our) credit worthiness. Withholding any information requested or falsifying any information is cause for immediate denial of my (our) loan application.

I (we) authorize any utility, and any government agency to release any cost share information related to the project and loan application to the Idaho Department of Water Resources for use in my (our) Energy Conservation Loan Application.

SIGNATURE	NAME (please print)	DATE
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____



BALANCE SHEET

Name _____ As of (date) _____
 To DEPARTMENT OF WATER RESOURCES _____

ASSETS	APPLICANTS USE	USE	LIABILITIES				APPLICANTS USE	USE
Cash on Hand and in Banks			Operating Line:					
Life Ins. Cash Value			Creditor	Total Comm.	Due	Int		
Stocks and Bonds								
Accounts, Notes, Contracts Rec								
Farm Products on Hand (Sch. A)			Past Due or to be Paid within 1 Yr:					
			Creditor	Sec./Purp.	Due			
Growing Crops (Sch. B)								
Prepaid Expenses								
Supplies								
Marketable Livestock (Sch. C)								
No. Kind \$/HD								
No. Kind \$/HD			Real Estate Taxes Due					
No. Kind \$/HD			C.C.C. Liens on Stored Crops					
No. Kind \$/HD			Other					
Other								
TOTAL CURRENT ASSETS \$			TOTAL CURRENT LIABILITIES \$					
Machinery and Equip. (Sch)			Unmatured Debts (1 to 10 yr. Terms):					
Port. Irrigation Equip.					Yrs.	Annual		
Vehicles			Creditor	Sec./Purp	Rmg. mg	Payment		
Production Livestock (Sch. D)								
No. Kind \$/HD								
No. Kind \$/HD								
No. Kind \$/HD								
No. Kind \$/HD								
Notes & Contracts Receivable								
Retirement Accounts								
Personal Property			C.C.C. Liens on Structures					
Other			Other					
TOTAL INTERMEDIATE ASSETS \$			TOTAL INTERMEDIATE LIABILITIES \$					

Intangible Assets _____ Contingent Liabilities _____

Sch. C. - Marketable Livestock				Sch. D. - Production Livestock (Breeding, Dairy, etc.)					
Number	Kind	Price	Applicants Use	Use	Number	Kind	Price	Applicants Use	Use
		TOTAL					TOTAL		

Sch. E. - Machinery and Equipment

IMPORTANT: Equipment bought on conditional sales contract or under lien of any kind must be listed and valued separately, giving the lien holder's name and amount of lien.

[illegible]

Sch. F. - Miscellaneous

	Applicants Use	Use
TOTAL		

I (we) certify that the information provided in the above financial statement (exclusive of the entries in the columns designated "Use" is completed and accurate to the best of my (our) knowledge. I (we) understand that a false statement or report of facts material to the approval of a loan, knowingly made, may subject the maker to criminal liability under Federal criminal statutes as well as civil liability.

Signature _____ Title _____ Date _____